

Long Range Planning 5800 Shier-Rings Road Dublin, Ohio 4301 6-1236

Phone/ TDD: 614-4 0-4600 Fax: 614-4 0-4747 Web Site: www.dublin.ah.us

## PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153 232)

		I. PLEAS	E CHECK THE TYPE OF APPLICATION	ON
TY OF DUBLIN	☐ Informal Review	Perced	al Plat ection 152.085)	
Land Use and Long Range Planning 5800 Shier-Rings Road Dublin, Ohio 4301 6-1236	Concept Plan (Section 153.056(A)(1))		nditional Use ection 153.236)	
Fax: 614-410-4600 Fax: 614-410-4747 o Site: www.dublin.ah.us	Preliminary Development Plan / (Section 153.053)	_	rridor Development District (CDD) ection 153.115)	
	Final Development Plan (Section 153.053(E))		rridor Development District (CDD) Sign action 153.115)	
	Amended Final Development Pla (Section 153.053(E))	an Mis	nor Subdivision	
	Standard District Rezoning (Section 153.018)	Rig	ht-of-Way Encroachment	
	Preliminary Plat (Section 152.015)	Ott	ner (Please Specify):	
	Please utilize the applicable Suladditional submittal requirement	oplemental Applic ots that will need	ation Requirements sheet for to accompany this application form	
II. PROPERTY INF	ORMATION: This section must be comple	ted.		
Property Address(es)	: Discovery Boulevard and Wall Street, Du	blin, OH		
Tax ID/Parcel Number The eastern 9.11 ac	r(s): res of parcel number: 273-00180		Parcel Size(s) (Acres): 9.11 Acres	
Existing Land Use/De	velopment: Mostly undeveloped land			
	IF APPLICABLE, PLEASE C			
Proposed Land Use/D	evelopment: Suburban office and/or health	care facility (Nursin	g care and/or assisted living facility)	
Total acres affected b	y application: 9.11 acres			
III. CURRENT PRO	PERTY OWNER(S): Please attach addition	onal sheets if needed		
	rganization): Coffman Partners, LLC			
Mailing Address: (Street, City, State, Zig	330 W Spring Street Suite 200 Code) Columbus, OH 43215			
Daytime Telephone: 6	314 754 3000	Fax:		
Email or Alternate Cor	ntact Information: ahackett@cranegroup.cc	m	RECEIVED	

Name: Ganzhorn Real Estate Dublin, LLC		Applicant is also property ov	vner: yes no 🗸
Organization (Owner, Developer, Contractor, etc.): Dev	/eloper/Buyer		
Mailing Address: 1322B Manning Pkwy, F Street, City, State, Zip Code)	Powell, OH 43065		
Daytime Telephone: 614 839 7828	Fax: 614	423 2956	
Email or Alternate Contact Information: ealvarez@gar	nzhorn.com and baki	par@ganzhorn.com	
REPRESENTATIVE(S) OF APPLICANT / PRO	OPERTY OWNER mer listed in part III. P	This is the person(s) who is sulease complete if applicable.	bmitting the application
Name:			
Organization (Owner, Developer, Contractor, etc.):			*
Malling Address: Street, City, State, Zip Code)			
Daytime Telephone:	Fax:		
Email or Alternate Contact Information:	al I		
I. AUTHORIZATION FOR OWNER'S APPLICA	NT or REPRESE	NTATIVE(S): If the applicant is	not the property owner,
,			wner, hereby authorize
epresentative(s) in all matters pertaining to the proces o be bound by all representations and agreements mad	ssing and approval of de by the designated	to act as my application, including modify representative.	olicant or ling the project. I agree
Signature of Current Property Owner:		-	Date:
Check this box if the Authorization for Owner's A	pplicant or Represen	tative(s) is attached as a separate	document
	day of	. 20	
	day or	/	
State of	day of		Stamp or Scut
State of			Stamp or Seut
County of Notary Put  II. AUTHORIZATION TO VISIT THE PROPERT  oplication. The Owner/Applicant, as noted below, hereb	olic	roperty by City representatives an	e essential to process th
Subscribed and sworn before me this  State of	Y: Site visits to the p by authorizes City re	roperty by City representatives ar resentatives to visit, photograph	e essential to process the and post a notice on the

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zonling Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

Signature of applicant or authorized representative:  Subscribed and sworn to before me this  State of County of HALLEM Notary Public State of Notary Public Sta	or applicant or a	outhorized representative:	Jan Hohn	Date: 3 10	9/13
BARRINI ARBAR  ead and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.  Date: 3   19   13    Date:					
read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.  Signature of applicant or authorized representative:  Subscribed and sworn to before me this  State of Harring Public Eduyabeth AF  Notary Public, State My Commission Expire  FOR OFFICE USE ONLY  Amount Received:  Application No: 13 - 016 P&Z Date(s):  P&Z Date(s):  P&Z Action:  Received By: CDH  County of 4385 Map Zone: 4 Date Received: 3 - 18 - 13 Received By: CDH	2			he cumes as subhadad and	:
Subscribed and sworm to before me this 19th day of MARCH 2015 State of DAW Notary Public Education State of Hy Commission Expire  Notary Public Education No: 13-019  P&Z Date(s):  P&Z Action:  Receipt No: 4385  Map Zone: 4  Date Received: 3-18-13  Received By: CDH	read and understand the	contents of this application	<ol> <li>The information contained in t</li> </ol>	his application attached autible	s and other
Subscribed and sworn to before me this 19th day of MARCH, 2005 State of County of FLOURIUM Notary Public State of My Commission Expires  FOR OFFICE USE ONLY  Amount Received: 3-18-13 Received By: CDN-			San Alm		9/13
Notary Public Editable My Commission Expire  Notary Public Editable My Commission Expire  Notary Public State  Not	Subscribed and sworn to t	perore me this 19th	_ day of MARCH , 200	RIALS	100
FOR OFFICE USE ONLY  Amount Received: 3-18-13 Received By: CDH	(0) 11	•	0.4	SZA 1117/A/23	
Amount Received: Application No: 13 - 019 P&Z Date(s): P&Z Action:  Receipt No: 4385 Map Zone: 4 Date Received: 3-18-13 Received By: CDN-	la l	)en Notary Pul	blic Elizabeth Co	Notary	Public, State
Receipt No: 4385   Map Zone: 4   Date Received: 3-18-13   Received By: CDN-	la l	Notary Pul	blic Elizabeth (**	Notary	Public, State
	County of Flankl		blic Elizabeth Con	Notary	Public, State
City Council (First County)	FOR OFFICE USE ON	Application No.		Notary My Comm	Public, State
	FOR OFFICE USE ON	Application No: 13- O	P&Z Date(s):	Notary My Comm	Public, State
City Council Action: Ordinance Number:	FOR OFFICE USE ON Amount Received: 2130 Receipt No: 4385	Application No: 13- O	P&Z Date(s): Date Received: 3-18.	P&Z Action:  Received By: CDN	Public, State
No. Coursell /Fire Co. Co.	101	Notary Pul	blic Elizabeth C	Notary	Public, Stat

Discovery

D'

PUD

BIVE

PUD

Requested Zoning District:

N, S, E, W (Circle) Side of Nearest Intersection:

Distance from Nearest Intersection:

**Existing Zoning District:** 

## March 18, 2013

**Dublin Planning Commission Members Dublin City Staff** c/o Eleanor Alvarez Ganzhorn Real Estate Dublin, LLC

RE: Ganzhorn Real Estate Dublin, LLC Planning and Zoning Commission Application

This letter should serve as authorization by Coffman Partners LLC for Ganzhorn Real Estate Dublin, LLC to file their application for their proposed development on a 9.11± acre tract located between Wall Street and Post Road in Dublin. That land is owned by Coffman Partners LLC, and I am signing as their authorized representative.

Please call Tim Kelton at Ruscilli Real Estate Services (614-923-3300) or me (614-754-3025) if you have any questions or need additional information.

Coffman Partners LLC

By:

Randolph J. Fortener, President

Tim Kelton c: Todd Spencer